

Indiana State Department of Health

|   |   |  |  |  |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>003932</b>               | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/14/2016</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ST VINCENT CARMEL HOSPITAL INC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>13500 N MERIDIAN ST<br/>CARMEL, IN 46032</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000   | <p>INITIAL COMMENTS</p> <p>JCAHO<br/>Surveyor: 33212<br/>Facility Number: 003932</p> <p>Type of Survey: State Licensure Off Site Joint<br/>Commission Accreditation Survey</p> <p>Date of JCAHO On Site Survey - Hospital full<br/>survey 4/12-14/2016</p> <p>Date of ISDH off site review - 8/22/2016</p> <p>Based on review of the 4/2016 JCAHO<br/>Accreditation Survey Report, it has been<br/>determined that St. Vincent Hospital Carmel<br/>meets the requirements for Hospital Licensure in<br/>Indiana for 2016.</p> | S 000  |  |  |

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE